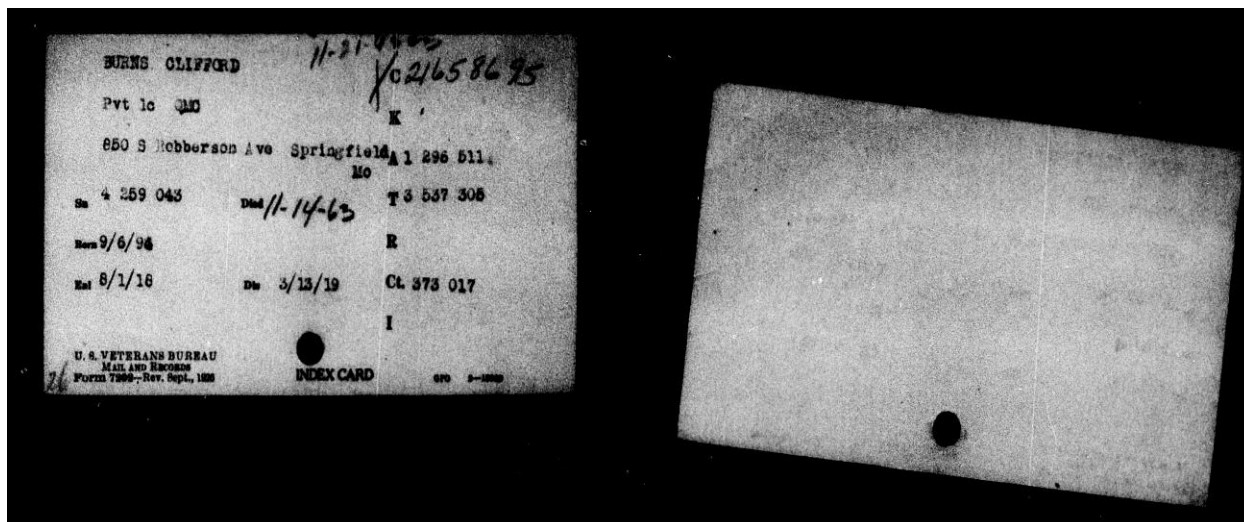
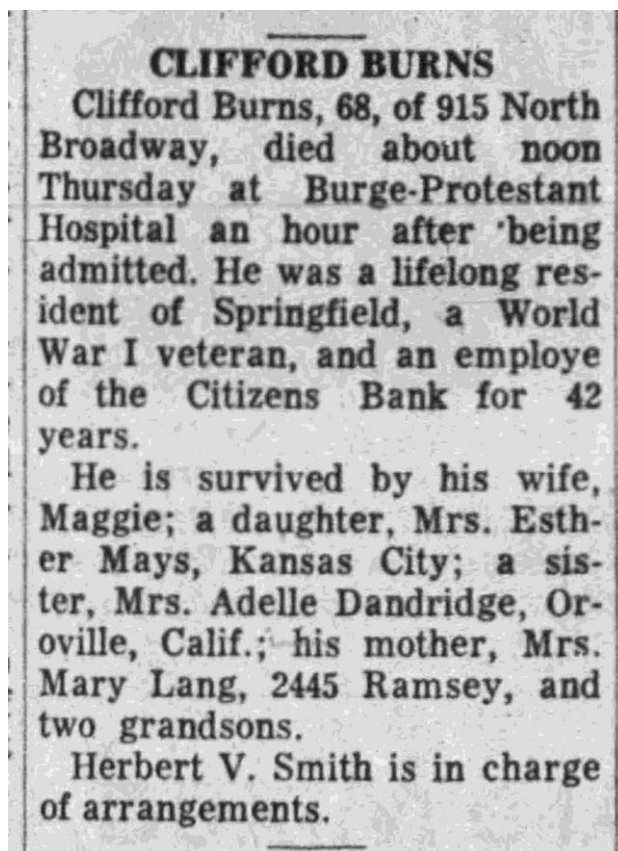
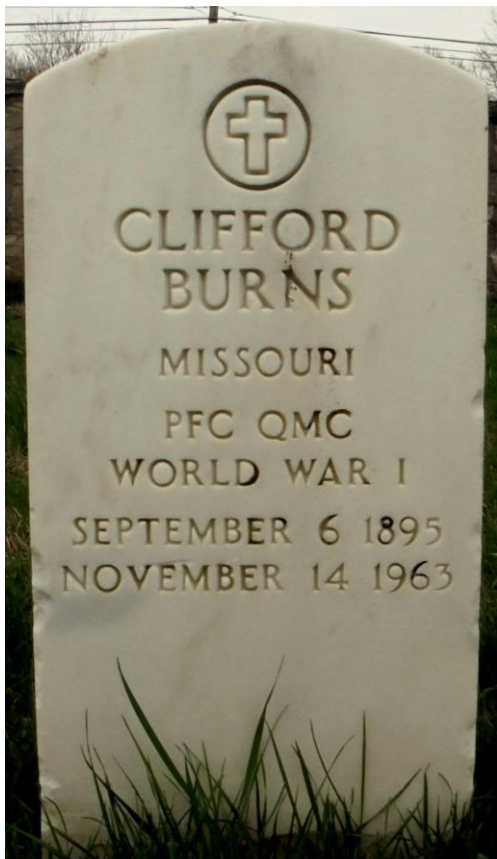


Clifford Burns – Charter Member of Post 125

Clifford Burns was born 6 Sep 1894 and passed away 14 November 1963. He served in the Army from 8 January 1918 - 13 March 1919 attaining the rank of Private First Class. He lived in Springfield MO and worked at Citizens bank for 42 Years.



Form 1 **2718** REGISTRATION CARD No. **322** Apr. 12, 1917

1 Name in full Clifford Burns (Print name)

2 Home address 850 Paul Springfield Mo. (No.) (Street) (City) (State)

3 Date of birth September 6th 1895 (Month) (Day) (Year)

4 Are you (1) a natural-born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? Natural Born

5 Where were you born? Springfield Mo. U.S.A. (City) (State) (Nation)

6 If not a citizen, of what country are you a citizen or subject?

7 What is your present trade, occupation, or office? Postal (Type or print)

8 By whom employed? C. W. Postal (Name)

9 Where employed? Springfield, Mo. (City) (State)

10 Have you a father, mother, wife, child under 12, or a sister or brother under 12, solely dependent on you for support (specify which)? Mother

11 Married or single (which)? Single Race (specify which)? Ethiopian

12 What military service have you had? Rank _____; branch _____; years _____; Nation or State _____

13 Do you claim exemption from draft (specify grounds)? No

I affirm that I have verified above answers and that they are true.

Clifford Burns (Signature of registrant)

24-5-34 A

REGISTRAR'S REPORT

1 Tall, medium, or short (specify which)? Medium Slender, medium, or stout (which)? Medium

2 Color of eyes? Brown Color of hair? Black Bald? No

3 Has person lost arm, leg, hand, foot, or both eyes, or is he otherwise disabled (specify)? No

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

William C. Holmes (Signature of registrar)

Precinct 1st-1st ward

City or County Springfield

State Missouri

JUN - 1917 (Date of registration)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 122 Primary Registration District No. 2000 Registrar's No. 1587 STATE FILE NUMBER **63-043468**

DO NOT WRITE ON THIS SUB

VS 300 Rev. 4/59

1 1297

2 6397

3

4 2

5 1

6

7

8 1

9 4/5/1963

10

11

12 1-0

13

1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD c. FULL NAME OF HOSPITAL OR INSTITUTION BURGE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. CITY OR TOWN SPRINGFIELD c. STREET ADDRESS 915-N. BROADWAY

3. NAME OF DECEASED First CLIFFORD Middle BURNS Last BURNS

4. DATE OF DEATH Month Nov Day 14 Year 1963

5. SEX Male 6. COLOR OR RACE Negro 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH 9-6-95 9. AGE (last birthday) 68 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Springfield Missouri 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Major Burns 13b. MOTHER'S MAIDEN NAME Mary Fine 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aneurysm of Abdominal Aorta 2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Lympho sarcoma

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK? ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-14-63 to 11-14-63 and last saw him alive on 11-14-63 Death occurred at 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert P. Simpson, M.D. 22b. ADDRESS 509 McDaniel Bldg. Springfield Mo. 22c. DATE SIGNED 11-18-63

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial 23b. DATE 11-19-63 23c. NAME OF CEMETERY OR CREMATORY Springfield, Mo. 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR HERBERT V SMITH ADDRESS 602 N. JEFFERSON 25. DATE REC'D. BY LOCAL REG. 11-19-63 26. REGISTRAR'S SIGNATURE William C. Holmes

(Licensed Embalmer's Statement on Reverse Side)

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

2

SERIAL NUMBER U 1748	1. NAME (Print) Clifford None Burns (First) (Middle) (Last)	ORDER NUMBER
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2 PLACE OF RESIDENCE (Print)
911 N. Broadway Springfield Greene Mo
(Number and street) (Town, township, village, or city) (County) (State)

[THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL]

3. MAILING ADDRESS

Same

[Mailing address if other than place indicated on line 2. If same insert word same]

4. TELEPHONE 6310W (Exchange) (Number)	5. AGE IN YEARS 46 DATE OF BIRTH Sept 6 1896 (Mo.) (Day) (Yr.)	6. PLACE OF BIRTH Greene Co Mo (Town or county) (State or country)
--	--	--

7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS

Mrs. Maggie Burns Same Address

8. EMPLOYER'S NAME AND ADDRESS

Tow Watkins Citizens Bank Springfield

9. PLACE OF EMPLOYMENT OR BUSINESS

Citizens Bank Springfield Greene Mo
(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

D. S. S. Form 1
(Revised 4-1-42)

(over)

16-21630-2

Clifford Burns
(Registrant's signature)